

RANSOM (C.C.)

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AN UNUSUAL CASE OF NÆVUS UNIUS LATERIS. ✓

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PATIENT, B. M., female, aged twenty, is a native of Germany, although she has lived in this country since early childhood. The general health has always been good, although she is rather thin, and of a nervous temperament.

At birth the skin was perfectly smooth, and free from eruption of any kind. When about six months of age small areas of warty growths appeared on the chest and left side of the neck. These gradually and very slowly spread until puberty, when for a couple of years their growth was rapid. Since the fifteenth year the patches have not spread to any extent, but have grown darker and much more pronounced.

The eruption consists of various-sized and irregularly shaped patches, made up of slightly elevated growths, brown or black in color, distributed from the border of the scalp to the upper portion of the calves, and for the most part upon the left side of the body.

The most prominent patches consist of numerous isolated warty growths, closely aggregated, and distributed for the most part in the form of vertical lines or bands.

On the forehead, in the border of the hair, more especially on the right side, are numbers of very small, slightly elevated warty growths, isolated and scattered over the entire region. These are so light in color as to be scarcely perceptible except on close scrutiny. They extend down over the left cheek, and are scattered over the eyelid and ear on this side.

Over the left side of the chin are aggregated patches of the growths, the color being that of the normal integument; from these patches four or five strings of individual lesions extend down underneath the chin and on to the neck.

The neck is covered in front, on both sides of the median line, with similar isolated growths, which at the lower segment tend to become aggregated and are darker in color.

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At the upper border of the sternum are several patches of closely aggregated light-brown growths, which extend in bands of the same



FIG. 1.

character down over the sternum to the ensiform cartilage, at which point is a large irregularly shaped patch.

Over the left side of the chest, anteriorly, are large patches made

up of an aggregation of these vertical bands, together with isolated lesions.

The entire left breast, with the exception of a small segment on its lower side, and including the nipple, is covered by a dark-brown patch of the growths, so closely packed as to leave no normal skin visible. This patch extends in a band three inches wide up into the left axilla, the lower border becoming continuous with a band which extends around the side to meet a patch in the back, the upper border ending in a patch of large-sized, darker-colored lesions situated at the border of the hair in the axillary space (Fig. 1). Here the growths are nearly black in color, the individual lesions much larger and more papillomatous in character. From the excessive sweating in this region the growths are often macerated, and give rise to a great deal of discomfort.

From the upper part of the breast other narrower bands extend up over the face of the shoulder and encircle the axilla anteriorly, being continuous with a bandlike patch which extends down the arm. On the right side of the chest are numerous more or less isolated lesions, lighter in color than the preceding, and extending outward in an irregular band to the anterior border of the right axilla, which it encircles as on the other side, and becomes continuous with a band extending down the right arm.

From both axillæ, but more marked on the left side, band-shaped patches extend down the inner side of the arm to the bend of the elbow, and on the left arm from the elbow to the wrist.

Over the left shoulder are numerous small groups and many individual lesions, light brown in color. From the shoulder small light-colored bands extend down the external aspect of the arm to the elbow.

On the right side is a large irregular patch in front, and numerous scattered individual lesions behind.

In the median line, over the epigastric region, is a string of dark-brown individual lesions extending nearly to the umbilicus. Over the left inguinal region are scattered a few light-brown isolated lesions.

In the left groin are several small groups of large, dark-colored growths extending down on the thigh in broken lines.

On the inner side of the thigh is a large patch of closely aggregated blackish growths of large size. On the integument of the left labium major is a patch extending down on to the thigh. Those covering the labium are similar in appearance to the ones in the left axilla. From this patch bands of growths extend down the inner side of the thigh to the knee. From the inner border of the left popliteal space two strings of lesions extend down on to the calf.

! On the back, in the infrascapular region, and just to the left of the median line, are several irregular patches of large, dark-colored lesions, closely aggregated; from these, similar patches extend out over the



FIG. 2.

scapula to the point of the shoulder, thence down the arm to the elbow.

Below this patch, and beginning to the left of the median line, is another similar patch, which extends outward across the lower border of the scapula to join the lower border of the band coming from the breast (Fig. 2).

A third patch, very dark and irregular in outline, is situated below this one over the spinal ends of the tenth, eleventh, and twelfth ribs. Over both sides of the median line, in the lower lumbar region, are scattered several small patches. Over the right sacro-iliac junction is a small

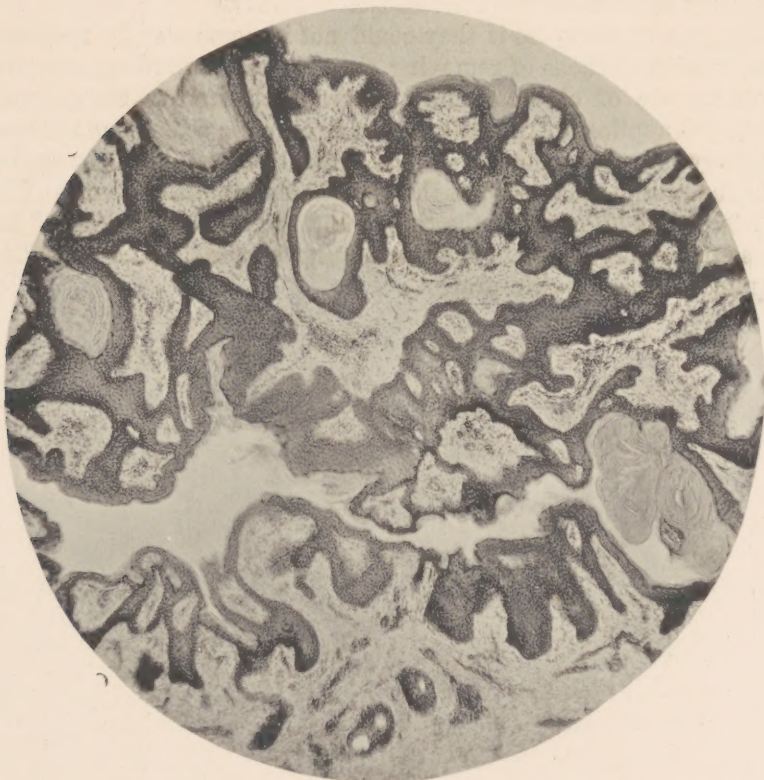


FIG. 3.— $\times 75$. (Photomicrograph by Dr. J. A. Fordyce.) Section of one of the warty growths, showing the hypertrophy of the epidermis.

irregular patch, and another is situated over the right side of the coccyx.

A large group of scattered lesions over the middle of the left buttock extends in numerous lines out across the thigh and down its anterior surface.

There never have been any subjective symptoms connected with

these growths, except in the case of those in the left axilla, as above mentioned, but the disfigurement of the body is distressing to the patient.

The photomicrograph (Fig. 3) shows the irregular development of the epidermis; all the layers have undergone hypertrophy. The abnormal formation of horny tissue can be readily seen in a number of places in the illustration. The basal layer of the epidermis is deeply pigmented, and the connective tissue of the derma presents a uniform light-brown color under the microscope.

She came to me to see if they could not in some way be removed. I tried various methods of removing the growths: curetting with and without the use of chromic acid; afterward electrolysis, the galvanocautery, the application of nitric, acetic, or chromic acids; but the most satisfactory procedure, both from the patient's standpoint of comfort and in the results obtained, was the use of a flat-pointed scissors. The skin was picked up between the thumb and fingers, and the top of the ridge so made was snipped off, the cut being superficial and extending not quite through the skin proper.

